Revision:	HCFA-PM-87-4 MARCH 1987	(BERC)		SUPPLEMENT Page 1 OMB No.:			2.6-4
	STATE PLAN	UNDER TITLE	XIX OF THE	SOCIAL SE	CURITY A	CT	
	Territory:	Guam				<del></del>	
A. RESOURCE	E LEVELSOPTI	ONAL GROUPS W	ITH INCOM	S UP TO FE	DERAL PO	VERTY LI	1E
1. Pres	znant Women						
<u>X</u>	Same as resou	rce levels fo	r AB, APT	o, and AABD	•		
	Less restrict as follows:	ive levels th	an those	for AB, APT	D, and A	ABD and a	are
	Family Size		Resource	Levels			
	_1_						
			•				
							<b>&gt;</b>

TN No. 87-4 Supersedes TN No. 85-3

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 2004P/0021P

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	Territory:	Guam	
2.	Infants and Child	ren	
	X Same as resou	rce levels in t	he State's approved AFDC plan.
	Less restrict	ive than the AF	DC levels and are as follows:
	Family Si	ze	Resource Level
	_1_		
	3		
	4		
	5		
	6	•	
	8		
	9		
	, 10		
	For each addition	al person	
3.	Aged and Disabled	Individuals an	d Qualified Medicare Beneficiaries
			he OAA, AABD, or APTD programs.
	Same as medic		urce levels (applicable only if State
	nas a medical	if need, broke	uu, .
	87-4		Olioleg Effective Date 7/1/89
Superson TN No.	85-3	pproval Date <u>((</u>	MINITAL RITECTIVE Date

HCFA ID: 2004P/0021P

MARCH 1987 OMB No.: 0938-0193 Territory: Guam B. RESOURCE LEVELS FOR THE MEDICALLY NEEDY \_\_\_\_ Applicable to all groups Resource Level Family Size 1\_ 2 3\_\_ \_\_5\_\_ \_\_6\_\_ 7\_\_\_ 8 9\_\_\_ 10

(BERC)

NOT APPLICABLE

For each additional person

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